

AGING HORIZONS

Published by the Aging Services Bureau/Senior & Long Term Care Division/DPHHS

July 2005

AGING PERSPECTIVES

Charlie Rehbein, Aging Coordinator

Later in the newsletter, there is an article on how much things have changed in the U. S. in the last 100 years. It's rather eye opening to consider the changes that have occurred over that time period. No doubt they will continue to change in the future as science, medicine and technology continue to expand our horizons.

So far this year has been a very good year for aging. The 2005 legislative session was "a positive session for our budget and ultimately for our clients and providers," according to Dr. Robert Wynia, director of the Department of Public Health and Human Services.

"We're really pleased by the opportunities the Governor and the Legislature have given us to improve our services," Dr. Wynia said. "This department provides a safety net for our most vulnerable and needy Montanans, and the safety net just got bigger and stronger."

Our Senior and Long Term Care Divisions and the Aging Services Bureau likewise fared well at the Legislature, as detailed inside. We will be able to increase our ability to provide services to caregivers and to expand home delivered meals as a result of new funding.

We are also pleased that the Aging Network has secured some grant funding to continue or create new programs. Missoula Aging Services received continued funding for their Senior Medicare Patrol (AIM\$) program and will be enhancing its capacity to assist seniors with Medicare issues.

We have also received a new Alzheimer's Demonstration grant. The grant will allow the Aging Network to increase respite services within our network. We will also be working with the Montana Chapter of the Alzheimer's Association to increase awareness, education and training for those providing caregiving to persons with Alzheimer's disease.

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AGING HORIZONS

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2005 LEGISLATIVE ROUNDUP

The 59th legislative session concluded on April 26, 2005. It was a very constructive legislative session for the Senior and Long Term Care Division, producing a number of positive outcomes for the programs the division administers.

The following are the actions taken by the 2005 Legislature that have budgetary, legal and programmatic implications for Aging Services and the Senior and Long Term Care Division.

MAJOR BUDGET HIGHLIGHTS

- The biennial budget for the division grew by about \$67 million (including \$23 million general fund) compared to FY 2004 base budget expenditures. About 80% of the total increase is for provider rate increases, with the largest share of the appropriation supporting nursing home rate increases.
- The major biennial increases support Medicaid services, adding \$60 million in total funds (including \$21 million general fund) to the division budget.
- \$600,000 for the biennium of one time funding for In-home Caregiver Services, to be used only to contract with local agencies for assistance to in-home caregivers.
- Restored the \$257,000 per year cut to the Aging Services budget that the 2003 Legislature passed. (These funds were restored with one time funds by Governor Martz during the last biennium.)
- \$620,000 for the biennium of one time funding to expand Home Delivered Meals.
- Expansion of community based waiver services for elderly and physically disabled that is estimated to serve an additional 82 in FY 2006 and a total of 134 additional people in FY 2007. This is a biennial increase in funding of \$4 million, including \$1 million general fund.
- Funding for veterans' services adds \$3 million primarily for state veteran institution overtime and operating cost increases
- A one-time appropriation of \$50,000 in cigarette tax state special revenue for a study of veterans' long term care needs. The study must determine the demographics of the Montana veterans' population, including the number and age of veterans in each county and the type of long-term care needs of the population. The long-term care assessment for veterans must include evaluation of the need for nursing home, domiciliary, and Alzheimer services as well as various types of community and in-home care that are needed.
- An increase of \$4.0 million state matching funds (including \$1.4 million in cigarette tax revenue generated by I-149) and nearly \$10 million in federal Medicaid funds over the biennium for direct care worker wage increases. The funds will raise direct care workers wages by 75 cents an hour in salary and 26 cents an hour in benefits. If the funds are insufficient to raise wages and benefits by that amount, the lowest paid workers are to receive the largest wage increases.

LEGISLATIVE BILLS DEALING WITH ELDER ISSUES

BILLS THAT BECAME LAW

HB196 Joey Jayne Delineating the fiduciary responsibility of an agent to a principal in the statutory form power of attorney and stipulating that the agent works exclusively for the benefit of the principal.

HB197 Joey Jayne Increase elder abuse penalties, making it a felony to purposely or knowingly abuse, sexually abuse, or neglect an older person or a person with a developmental disability.

HB254 Christopher Harris Civil penalty for not writing legible prescriptions.

HB411 Jack Wells Clarify allocation of tobacco funds to Veteran's nursing homes.

SB1 Trudi Schmidt Providing for an indication on a driver's license that a licensee has executed a living will declaration

SB 324 Jon Tester Providing for prescription drug access and information; providing for a state pharmacy access program to complement the federal Medicare Part D program; providing for a prescription drug consumer information and technical assistance program and education outreach for consumers and professionals; amending the prescription drug expansion program as a state pharmacy discount program.

SB428 Corey Stapleton Providing for a statewide 2-1-1 telephone number for access and referral to community disaster, emergency, safety, health, and human services information.

HB742 Rosie Buzzas to establish and maintain a health care declaration registry for declarations relating to the use of life-sustaining treatment; establishing methods for filing declarations and for accessing the registry by health care providers.

UNSUCCESSFUL BILLS

HB117 Tom McGillivray Seek waivers of federal law concerning ineligibility for Medicaid long-term care for asset transfer look-back and penalty periods.

HB221 William Jones To limit the valuation of an owner-occupied principal dwelling owned by a taxpayer who is at least 65 years of age for property tax.

HB364 Rick Maedje Facilitate mail-order purchase of prescription drugs from Canada and providing that DPHHS allow pharmacies to participate in bulk purchasing.

HB526 Scott Mendenhal Require the provision of life-sustaining treatment as well as the withholding or withdrawal of life sustaining treatment in Living Wills.

SB112 Dan Harrington Authorizing a full guardian to petition for a dissolution of marriage or a legal separation on behalf of the ward.

SB150 Bob Keenan Require recipients of community-based Medicaid services to share in the cost of services based on their ability to pay.

SB332 Don Ryan Imposing an excise tax on soft drinks paid for by soft drink bottlers/importers and providing that the collections of the tax be used to fund services for older Montanans, scholarships at units of the university system and community colleges, and the Older Americans Trust Fund.

SB446 Trudi Schmidt Providing for the formation and operation of family councils in nursing homes.

SB485 Jon Ellingson Establish a next of kin registry to enable the next of kin to effectively manage the person's affairs.

CENTENARIAN RECOGNITION

At this year's Governor's Conference on Aging, the Governor's Advisory Council on Aging again recognized some of the Montana cententarians who have received services through their local Area Agencies on Aging within the last year.

Honorees received a clock with a plaque on it and a certificate of recognition for their longevity and accomplishments. Those attending the conference received their awards from Lieutenant Governor John Bohlinger at the luncheon on May 18, 2005.



**Florence Carter of Bozeman with
Lt. Governor John Bohlinger**



**Norma Dickson of Conrad with
Lt. Governor John Bohlinger**



**Mabel Howard of Great Falls with
Lt. Governor John Bohlinger**

Also receiving recognition, but
unable to attend were:

Lydia Hofferber of Billings

Mabel Dean of Butte

LOOKING FOR CENTENARIANS

WE NEED YOUR HELP!

In the year 2000, the U.S. Census information reported there were 162 people living in Montana over the age of 100. Census projections indicate this number will continue to increase as Montana ages. In only 20 years, we may exceed 3,000 people. WOW!

At the past two Governor's Conferences on Aging, we have honored 10 of Montana's Centenarians - Montanans who have reached or passed the age of 100 years old. We would like to continue and expand this activity by recognizing as many of these pioneers as possible for their contributions which have spanned many generations.

At the Governor's Conference in May of 2005, we announced that the Governor's Advisory Council and the Office on Aging would like to identify and recognize Montana's Centenarians on a regular basis. During the last week of May and the first two weeks of June, the Office on Aging has received a list of 18 people who are either 100 or who will turn 100 this year.

Those who are 100 or older will receive a joint recognition certificate from the Governor's Advisory Council on Aging and the Aging Services Bureau.

So, if you know of people in your community who are turning 100 or are currently over 100 years of age, please send us the following information:

Centenarian Recognition Form (Please PRINT all information requested)

Name of Centenarian: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Birth date: _____ Current age: _____
(Month/day/Year)

Please send the Centenarian Recognition Certificate sent to :

Name: _____

Address: _____

City/State/Zip: _____

Submitted by: _____

E-mail or Mailing address: _____

City/State/Zip: _____

Return to: Charlie Rehbein, Aging Services Bureau, P O Box 4210, Helena MT 59604

THE 2005 WHITE HOUSE CONFERENCE ON AGING

The 2005 White House Conference on Aging (WHCoA) announced the names of 7 delegates who will represent the state of Montana at the conference to be held in Washington, DC from December 11 to 14, 2005. The delegation consists of 2 delegates named by Governor Brian Schweitzer, 3 named by members of Montana's Congressional delegation, and 2 named by the National Congress of American Indians.

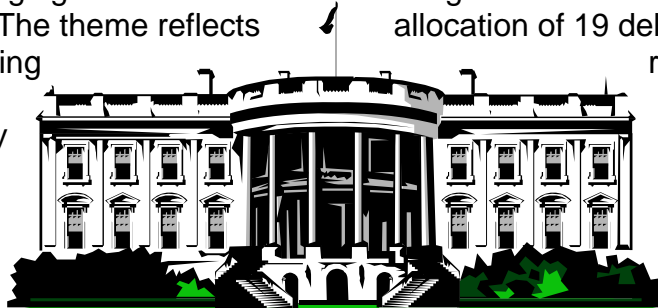
Twelve hundred delegates from throughout the country will participate in the 2005 WHCoA, the fifth such conference in our nation's history. Delegates will vote on resolutions and develop implementation strategies that will help the President and Congress shape aging policies for the next ten years and beyond.

The theme for the 2005 WHCoA is "The Booming Dynamics of Aging: From Awareness to Action." The theme reflects the changing face of aging in America. The 2005 WHCoA is mandated by the Older Americans Act to focus on the interests and needs of

current seniors as well as the 78 million baby boomers who will begin to turn 60 in 2006. Leading up to the WHCoA have been approximately 300 local, state and national events held across the nation involving more than 60,000 people with more anticipated. These events include WHCoA Listening Sessions, Solutions Forums, Mini-Conferences and Independent Aging Agenda Events. The 2005 Governor's Conference on Aging held one of these events in May.

The formula for state distribution of delegates was based on a total of 200 delegates divided among the states, U.S. Territories, Puerto Rico and the District of Columbia. Each state had the opportunity to select a minimum of two delegates. Additional state delegates were based upon each state's percentage of individuals age 55 and older compared to the nation's total population of persons aged 55 and older. The National Congress of American Indians received an allocation of 19 delegates to ensure

representation from the American Indian nations. Information about the WHCoA venue will be available shortly.



2005 MONTANA DELEGATES

Gubernatorial delegates: Governor Brian Schweitzer

Fred Lark, Lewistown

Mary Mumby, Kalispell

Congressional delegates:

Senator Max Baucus

Senator Conrad Burns

Rep. Dennis Rehberg

Susan Kohler, Missoula

Polly Nikolaisen, Kalispell

Chuckie Cramer, Helena

National Congress of American Indians delegates:

Rosemary Bremner, Browning

Cynthia LaCounte, Bainville

For more information, visit THE WHCOA website AT <http://www.whcoa.gov>



SENIOR CENTER/NUTRITION CORNER

This month's Corner highlights a potential food safety issue that sites face – keeping foods safe prior to an emergency and what to do with food stores after an emergency. Also covered is some information on the new 2005 Dietary Guidelines for Americans, which provide new federal guidance on healthy diet and exercise.

For more information, contact: Marni Stevens, Aging Svs Dietitian at 406-868-3874

KEEPING FOOD SAFE DURING AN EMERGENCY

Did you know that a flood, fire, disaster, or the loss of power from high winds, snow, or ice could jeopardize the safety of your food? Knowing how to determine if food is safe and how to keep food safe will help minimize the potential loss of food and reduce the risk of foodborne illness.

ABCD's of Keeping Food Safe in an Emergency

Always keep meat, poultry, fish, and eggs refrigerated at or below 40 °F and frozen food at or below 0 °F. This may be difficult when the power is out.

Keep the refrigerator and freezer doors closed as much as possible to maintain the cold temperature. The refrigerator will keep food safely cold for about 4 hours if it is unopened. A full freezer will hold the temperature for approximately 48 hours (24 hours if it is half full) if the door remains closed. Obtain dry or block ice to keep your refrigerator as cold as possible if the power is going to be out for a prolonged period of time. Fifty pounds of dry ice should hold an 18-cubic foot full freezer for 2 days. Plan ahead and know where dry ice and block ice can be purchased.

Be prepared for an emergency by having items on hand that don't require refrigeration and can be eaten cold or heated on the outdoor grill. Shelf-stable food, boxed or

canned milk, water, and canned goods should be part of a planned emergency food supply. Remember to use these items and replace them from time to time. Be sure to keep a hand-held can opener for an emergency.

Consider what you can do ahead of time to store your food safely in an emergency. If you are in an area that could be affected by a flood, plan your food storage on shelves that will be safely out of the way of contaminated water. Coolers are a great help for keeping food cold if the power will be out for more than 4 hours - have a couple on hand along with frozen gel packs. When your freezer is not full, keep items close together - this helps the food stay cold longer.

Digital, dial, or instant-read food thermometers and appliance thermometers will help you know if the food is at safe temperatures. Keep appliance thermometers in the refrigerator and freezer at all times. When the power is out, an appliance thermometer will always indicate the temperature in the refrigerator and freezer no matter how long the power has been out. The refrigerator temperature should be 40 °F or below; the freezer, 0 °F or lower. If you're not sure a particular food is cold enough, take its temperature with a food thermometer.

Source: US Department of Agriculture

FREQUENTLY ASKED QUESTIONS ABOUT EMERGENCY SITUATIONS

Q. Can food that came into contact with flood waters be safely used?

A. Discard all food that came in contact with flood waters **including canned goods**. It is impossible to know if containers were damaged and the seal compromised. Discard wooden cutting boards and plastic utensils. There is no way to safely clean them if they have come in contact with contaminated flood waters. Thoroughly wash metal pans, ceramic dishes, and utensils with hot soapy water and sanitize by boiling them in clean water or by immersing them for 15 minutes in a solution of 1 teaspoon of bleach per quart of water.

Q. What food can be kept after a fire?

A. Discard food that has been near a fire. Food exposed to fire can be damaged by the heat of the fire, smoke fumes, and chemicals used to fight the fire. Food in cans or jars may appear to be okay, but the heat from a fire can activate food spoilage bacteria. If the heat is extreme, the cans or jars themselves can split or rupture, rendering the food unsafe.

One of the most dangerous elements of a fire is sometimes not the fire itself, but toxic fumes released from burning materials. Discard any raw food or food in permeable packaging (e.g., cardboard, plastic wrap, screw-topped jars, bottles, etc) stored outside the refrigerator. Food stored in refrigerators or freezers can also become contaminated by fumes. The refrigerator seal isn't airtight and fumes can get inside. Food that is exposed to chemicals should be thrown away - the chemicals cannot be washed off the food. This includes food stored at room temperature, such as fruits and vegetables, as well as food stored in permeable containers. Cookware exposed to fire-fighting chemicals can be decontaminated by washing in soap and hot water. Then submerge for 15 minutes in a

solution of 1 teaspoon chlorine bleach per quart of water.

Q. Can food be safely stored in the snow when the power is out?

A. No, frozen food can thaw if it is exposed to the sun's rays even when the temperature is very cold. Refrigerated food may become too warm and foodborne bacteria could grow. The outside temperature could vary hour by hour and the temperature outside will not protect refrigerated and frozen food. Additionally, perishable items could be exposed to unsanitary conditions or to animals. Rather than putting the food outside, consider taking advantage of the cold temperatures by making ice. Fill buckets or cans with water and leave them outside to freeze. Then put the homemade ice in your refrigerator, freezer, or coolers.

Q. May food in the freezer be refroze if it thawed or partially thawed?

A. Never taste food to determine its safety! You will have to evaluate each item separately. If an appliance thermometer was kept in the freezer, read the temperature when the power comes back on. If the appliance thermometer stored in the freezer reads 40 °F or below, the food is safe and may be refrozen. If a thermometer has not been kept in the freezer, check each package of food to determine the safety. Remember you can't rely on appearance or odor. If the food still contains ice crystals or is 40 °F or below, it is safe to refreeze. Partial thawing and refreezing may reduce the quality of some food, but the food will remain safe to eat. Refrigerated food should be safe as long as power is out no more than 4 hours. Keep the door closed as much as possible. Discard any perishable food (such as meat, poultry, fish, eggs, and leftovers) that has been above 40 °F for 2 hours

NEW DIETARY GUIDELINES FOR AMERICANS

The US Department of Agriculture released the new Dietary Guidelines for Americans in January 2005 followed by the recently presented "Food Guidance System" designed to replace the food guide pyramid.

The new pyramid has many changes from the original version of 1992. MyPyramid (see next page) aims to portray the message that each individual needs a personalized approach to healthy eating and physical activity. As emphasized in the recently updated dietary guidelines, calorie balance and daily physical activity are a must to manage weight and prevent disease.

The food groups are placed into vertical bands, with each band varying in size and color. Each band narrows as it reaches the top of the pyramid, representing moderation of all foods. The wider base of the pyramid is reserved for foods with little or no solid fats or added sugars and the narrow top is home to foods with added fats and sugars. The width of each band represents proportionality. This suggests how much you should choose from each group as a general guide. Variety is symbolized by the six different color bands representing grains (orange), vegetables (green), fruits (red), milk (blue), fat (yellow) and meat/beans (purple). All food groups need to be consumed daily.

A new feature to the pyramid is activity. A staircase on the left side of the pyramid portrays a person climbing the stairs serving as a reminder to find balance between for daily physical activity and food intake.

The unique feature of MyPyramid is that one size does not fit all. The focus of the pyramid

is that all meal plans must be personalized to each individual. The food groups are not labeled with recommended servings. The most simplistic look at the pyramid shows us that we need to eat from all food groups each day, some more than others.

This pyramid is designed so that each person can go to a website and get their own personalized plan that is derived from following simple instructions. The pyramid can be found at www.mypyramid.gov. The site is very easy to navigate and contains worthwhile information. One is instructed to fill in their age, sex and activity level to produce a personalized plan. A pyramid will be displayed with a calorie level that is generated from the information you entered.

The personal plan will specify how many servings of each food group one is to eat per day. This new pyramid places attention on the quality of foods in each group. For example, 2.5 cups of vegetables are recommended per day for an 1800-calorie diet. This is further defined by the variety of vegetables that should eaten in a week such as 3 cups of dark green vegetables, 2 cups of orange colored vegetables, 3 cups of legumes, and 3 cups of starchy vegetables. A weekly meal plan for breakfast, lunch, dinner and snacks, is provided along with tips that correspond to each food group.

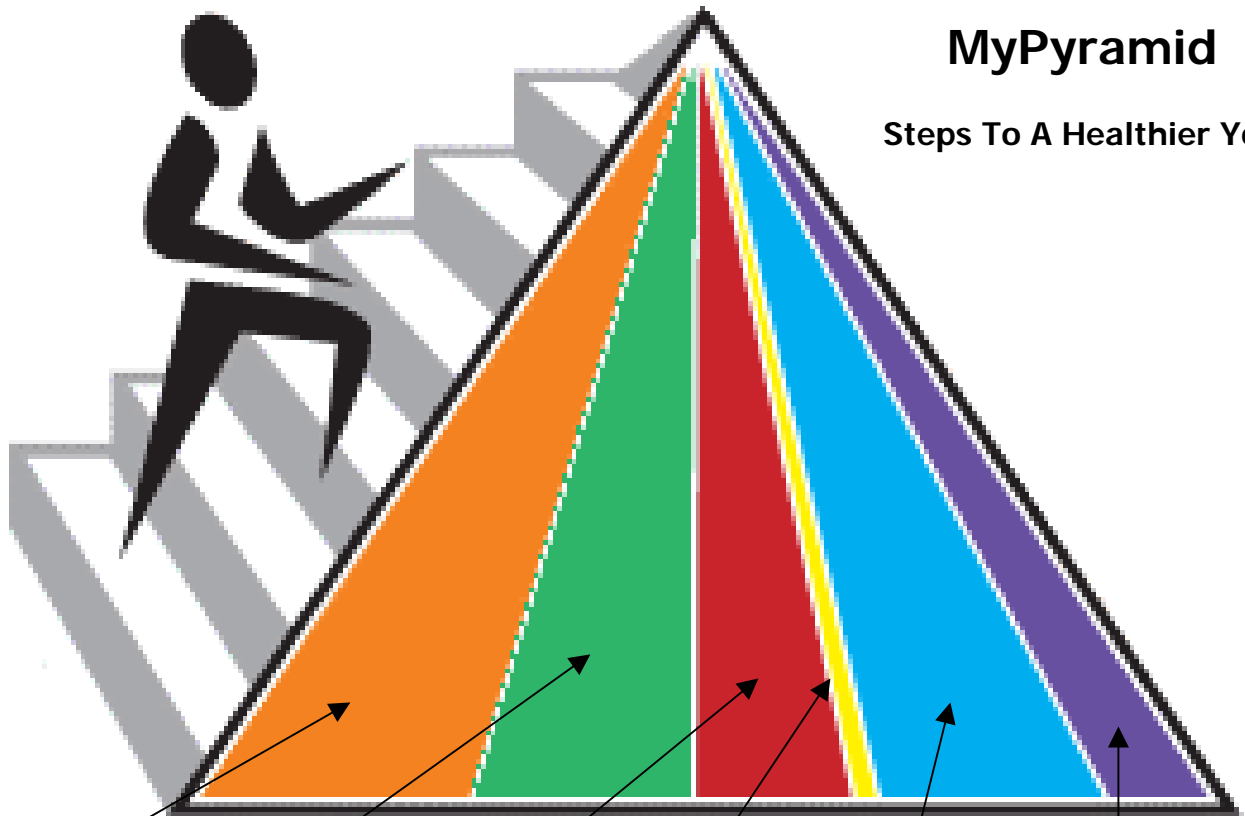
A new diet tip or nutrition tool seems to come out daily. Will this one be any different? Common sense is the first tool to use when evaluating your eating habits and the consideration of implementing new strategies. Moderation, not elimination is a key phrase to practice in your life and shares with others.

For more information, visit: the US Department of Agriculture site at www.mypyramid.gov.

☞ **Go to** <http://beefnutrition.org/mateonlinecatalogforpatientsandclients.aspx> to get a free 22"x34" MyPyramid poster

MyPyramid

Steps To A Healthier You



GRAINS (Orange)	VEGETABLES (Green)	FRUITS (Red)	FATS (Yellow)	MILK (Blue)	MEATS & BEANS (Purple)
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GRAINS - Make half your grains whole. Eat at least 3 ounces of whole-grains cereals, breads, crackers, rice, or pasta every day. One ounce is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta.

VEGETABLES - Vary your veggies. Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens. Eat more orange vegetables like carrots and sweet potatoes. Eat more dry beans and peas like pinto beans, kidney beans, and lentils.

FRUITS - Eat a variety of fruits. Choose fresh, frozen, canned or dried fruits. Go easy on fruit juices.

FATS - Make most of your fat sources from fish, nuts, and vegetables. Limit solid fats like butter, margarine, shortening, and lard, as well as foods that contain these.

MILK - Get your calcium-rich foods. Go low-fat or fat-free when you choose milk, yogurt, and other milk products. If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages.

MEATS & BEANS – Go lean with protein. Choose low-fat or lean meats and poultry. Bake it, broil it, or grill it. Vary your protein routine - choose more fish, beans, peas, nuts, and seeds.

Source: US Department of Agriculture

15 HONORED FOR OMBUDSMAN WORK

Fifteen people from across Montana were honored prior to the Aging Conference for their many years of service helping nursing home and assisted living residents. The Montana Long-term Care Ombudsman program just celebrated its 25th anniversary.

The ombudsmen receive, investigate, and resolve complaints and problems concerning residents of the state's 100 licensed nursing

homes and 180 licensed assisted living facilities. They also serve as consultants to facility staff, residents, and family members. The Office on Aging contracts with the 10 state Area Agencies on Aging to provide regional and local ombudsman services. Six of the 15 have served for more than a decade as long-term care ombudsmen for their local Area Agencies on Aging. They were:

- ★ **Susan Kunda**, Kalispell, 14 years, Area IX Agency on Aging;
- ★ **Carmen King**, Wolf Point, 10 years, Area I Agency on Aging;
- ★ **Sue Foster**, Lewistown, 10 years, Area II Agency on Aging;
- ★ **Gertrude Koch**, Billings, 10 years, Area II Agency on Aging;
- ★ **Betty Challinor**, Libby, 10 years, Area VI Agency on Aging; and
- ★ **Joan Johnson**, Hamilton, 10 years, Area XI Agency on Aging.

Nine people who serve as certified ombudsmen or "Friendly Visitors" were also recognized for their volunteer service. The Friendly Visitor program is active in Great Falls, Conrad, Havre, and White Sulphur Springs. Its participants help support the

ombudsman program by visiting facilities on a regular basis and helping to identify problems that residents may have. Volunteers who were recently honored for their efforts were:

- ★ **Dick Fritzler**, Laurel, volunteer ombudsman;
- ★ **Gertrude Koch**, Billings, volunteer ombudsman;
- ★ **Sally Sandell**, Ennis, volunteer ombudsman;
- ★ **Dana Dansereau** and **Katie Van Luchene**, Conrad, Friendly Visitors;
- ★ **Richard Blount** and **Gail Wagner**, Great Falls, Friendly Visitors; and
- ★ **Glen Zehntner** and **Betty Clay**, White Sulphur Springs, Friendly Visitors.

OMBUDSMAN GOINGS

Area IV – Deb Gertiser has served as a part-time local Ombudsman for Gallatin and Park Counties for the past year and a half. As a licensed professional counselor, Deb was a valuable asset to our Ombudsman program. With her Ombudsman experience, she identified the need to help people with life transitions. She has established a private counseling practice in Bozeman and teaches a course at Montana State University.

Area XI – Heather Winter-Jones has worked with Missoula Aging Services since August 2002. She played an integral role in developing caregiver support groups and the bi-annual caregiver workshops. Because of her Ombudsman experience she saw a need to include caregivers who have family members in long-term care facilities in these caregiver activities. We wish her well in her paralegal studies.

For more information, contact : Kelly Moorese, State Ombudsman, at 1-800-332-2272

2005 MINI-GRANTS AWARD WINNERS

Following the success of the changes to the Community Achievement Award in 2004, the Governor's Advisory Council on Aging decided to continue its "up front" funding of innovative ideas that create or expand services to elders.

Renamed "Mini-grants", the program provides one-time funding ranging from \$300 to \$1,000. Specific topic **CS6576** areas that grants can be used for include: training and education, to expand on-going services, to develop support services, or to meet a

specific need or unmet needs of elders. Programs that exhibit "best practices" and can be replicated in other areas were given special consideration.

The Mini-grants are funded by the Committee to Preserve Social Security And Medicare and the Aging Services Bureau.

This year a total of 13 requests totaling almost \$10,000 were received. A total of four projects were funded this year.

ORGANIZATIONS RECEIVING 2005 MINI-GRANTS

Valley County Transit, Glasgow	Develop a brochure for a transportation clearinghouse and provide medical transportation in NE Montana
Treasure Co Senior Citizens, Hysham	Expand personal care services to include homemaker services
Marquis Vintage Suites Assisted Living, Butte	Implement and publicize the "Forget-Me-Not" program to grant unfulfilled wishes of seniors
Larkin Care Center, Darby	Purchase safety equipment for rooms in new adult care facility

OTHER ORGANIZATIONS APPLYING FOR MINI-GRANTS

Alzheimer's Chapter, Billings	Purchase two caregiver video series for each AAA office that could be loaned out to caregivers in their areas
Alzheimer's Chapter, Billings	Scholarships for low income caregivers to attend Alzheimer's conference
Bozeman Senior Center	Present "Healthy Eating Trunk Show" nutrition education series in Gallatin County
Darby Community Public Library	Matching funds to purchase large print books for new library.
Chinook Senior Center	Increase exercise programs at senior center
Resource Center, Billings	Outreach program on Medicare Part D prescription drug plan
Miles Community College	Senior citizen educational conference
Billings Chapter For the Prevention of Elder Abuse	Fund five low-income seniors for 6 months to receive Payee Services
Senior Helping Hands, Billings	Develop health care educational newsletter

KEY MEDICARE DATES THAT COULD AFFECT YOU

The following are upcoming dates of importance that people who have Medicare need to know regarding changes to Medicare and the new Prescription Drug Plan. These dates apply to all persons with Medicare, including those under the age of 65.

June-August 2005

Those with limited incomes should watch their mail for information from the Social Security Administration about how to get extra help with drug costs.

June 2005

Those with limited incomes can start applying for extra help with drug costs by contacting the Social Security Administration. Also, people with Medicare and Medicaid should watch their mail for a letter from Medicare. In 2006, Medicare will start covering your prescription drugs instead of Medicaid.

September-November 2005

Those who have retiree health benefits should watch their mail for information from their former employer or union about their future drug coverage.

October 2005

You can start comparing Medicare prescription drug plans by calling your local SHIP counselor at 1-800-551-3191, by visiting <http://www.medicare.gov/> or call 1-800-MEDICARE

November 15, 2005

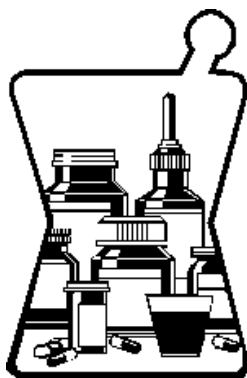
You can start enrolling in a Medicare prescription drug plan.

January 1, 2006

Prescription drug coverage begins for those who are enrolled.

May 15, 2006

Open enrollment ends for Medicare prescription drug plans. Some people will pay higher premiums if they sign up for a Medicare prescription drug plan after this date. *All dates are subject to change.



For more information, contact: your local Area Agency on Aging at 1-800-551-3191

EXTRA HELP WITH MEDICARE PRESCRIPTION DRUG PLAN COSTS - APPLY ONLINE

If your resources are less than \$10,000 for a single person or \$20,000 if married, you may be able to get extra help to pay for the premiums, annual deductible, and co-payments related to the new Medicare Prescription Drug Program. These figures do not include any funds that Medicaid allows people to set aside for burial expenses. Those on Medicare and SSI or Medicaid already receive these benefits.

If you haven't received information regarding extra help paying for one of the new Medicare prescription drug plans and you think you may be eligible, you should apply.

Remember: "If in doubt, fill it out!"

You can apply Online by visiting the [Help With Medicare Prescription Drug Plan Costs](#) section on the Social Security Administration website.

For more information, contact: Social Security at 800-772-1213 (TTY 800-325-0778) or on the web at <http://www.socialsecurity.gov/>

MONTANA RECEIVES ALZHEIMER'S GRANT

The Aging Services Bureau was successful in obtaining a new Alzheimer's Demonstration grant from the Administration on Aging. The grant is for up to \$290,000 per year in funding and funds for 3 years. The grant was developed by the Caregiver Committee of the Governor's Advisory Council on Aging over a six-month period. The Caregiver Committee consisted of about 20 people, including Council members, the Alzheimer's Association Montana Chapter, Area Agencies on Aging, County Councils on Aging, Lifespan Respite, MSU Extension Service, aging staff, etc.

The overall goal of the grant is to develop sustainable respite care programs and provide caregiver support services for a frontier/rural population. It has three major objectives: to increase coordination across all respite programs provided by the Department of Public Health and Human Services; to expand respite services in rural and frontier areas and implement cost sharing for respite services; and to increase awareness of Alzheimer's disease, issues facing Alzheimer's caregivers, and provide skills based training for caregivers that will reduce the burden of caregiving.

For more information, contact: Doug Blakley at 1-800-332-2272

AREA XI AIM\$ GRANT RENEWED

Missoula Aging Services received a grant to continue the education and assistance that Advocates in Medicare Savings (AIM\$) has been providing since 1999. AIM\$ teaches volunteer retired professionals to help Medicare and Medicaid beneficiaries, their families and caregivers to become better health care consumers.

A goal of the new grant is to produce a professional manual for staff and caregivers of residents of long-term care facilities on the

Medicare Prescription Drug benefit and fact sheets on healthcare fraud. The proposal also includes a collaborative effort with the UM School of Pharmacy to develop a course curriculum to educate pharmacy students on the Medicare Part D Prescription Drug Plans. Finally, AIM\$ also plans to collaborate with the Medicaid Fraud Control Unit and the Department of Justice-Healthcare Fraud Investigation unit to strengthen efforts toward identifying abuses in the Medicaid program.

For more information, contact: Julie Galstad at 406-728-7682

NEW LICENCE PLATE FUNDS AGING SERVICES

An individual or business who owns a passenger car, pickup, van, sport utility vehicle, motor home or bus that is registered in Montana can buy a new specialty license plate that will help fund aging services.



The county treasurer issues or renews the plates when you pay the applicable vehicle registration fees and any special license plate fees. The initial fee for the plate \$45. The annual donation fee, which goes to fund local aging programs, is \$30.

For more information, contact: your local area Agency on Aging at 1-800-551-3191

MY, HOW TIMES HAVE CHANGED

The year is 1904... 101 years ago. What a difference a century makes! Here are some of the U.S. statistics for 1904:

- ★ The average life expectancy in the U.S. was 47 years old.
- ★ Only 14 percent of the homes in the U.S. had a bathtub.
- ★ Only 8 percent of the homes had a telephone.
- ★ Two of 10 U.S. adults couldn't read or write.
- ★ Only 6 percent of all Americans had graduated high school.
- ★ More than 95 percent of all births in the U.S. took place at home.
- ★ Most women only washed their hair once a month, and used borax or egg yolks for shampoo.
- ★ There were only about 230 reported murders in the entire U.S.
- ★ There were only 8,000 cars in the U.S., and only 144 miles of paved roads.
- ★ The maximum speed limit in most cities was 10 mph.
- ★ The American flag had 45 stars. Arizona, Oklahoma, New Mexico, Hawaii, and Alaska hadn't been admitted to the Union yet.
- ★ Alabama, Mississippi, Tennessee and Iowa were each more heavily populated than California. With a mere 1.4 million, California was the 21st most populous state in the Union.
- ★ The population of Las Vegas, Nevada, was 30.
- ★ The tallest structure in the world was the Eiffel Tower! .
- ★ Crossword puzzles, canned beer, and iced tea hadn't been invented.
- ★ There was no Mother's or Father's Day.
- ★ The average wage in the U.S. was 22¢ an hour.
- ★ Ninety percent of all U.S. physicians had no college education.
- ★ The average U.S. worker made between \$200 and \$400 per year.
- ★ A competent accountant could expect to earn \$2000 per year, a dentist \$2,500 per year, a veterinarian between \$1,500 and \$4,000 per year, and a mechanical engineer about \$5,000 per year.
- ★ Eighteen percent of households in the U.S had at least one full-time servant or domestic.
- ★ Sugar cost 4¢ a pound. Eggs were 14¢ a dozen. Coffee was 15¢ a pound.
- ★ A three-minute call from Denver to New York City cost \$11.00.
- ★ Marijuana, heroin, and morphine were all available over the counter at corner drugstores.
- ★ The five leading causes of death in the U.S. were:
 1. Pneumonia and influenza
 2. Tuberculosis
 3. Diarrhea
 4. Heart disease
 5. Stroke


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For more information, contact 444-4077